

STANLEY W. EKSTROM FOUNDATION

701 S. PARKER ST., STE. 5500
ORANGE, CALIFORNIA 92868
MARYANNE@SWEFOUNDATION.ORG

TEL: (714) 547-2462

GRANT APPLICATION FORM – STUDENT

**THE INFORMATION CONTAINED IN THIS FORM WILL REMAIN CONFIDENTIAL
WITHIN OUR ORGANIZATION SUBJECT TO STATE AND FEDERAL LAW.**

Date: _____

Name: (Last, First) _____

EIN/SSN: _____

501(c)(3) Yes _____ No _____

Amount Requested: \$_____

Address: _____

Date of Birth: _____

Email: _____

EDUCATION

Name and address of High School:

Year of Graduation: _____

High School GPA: _____

Names & addresses of colleges attended:

GPA

What are your needs and how can we help?

Government Benefits Received on a monthly or annual basis:

Are others providing you funding for your needs besides the Government? If so, who and how much?

How did you find out about us?

I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature

Dated

***** For Foundation Use Only*****

Dated Received: _____

Approved Denied

Grant authorized as follows:

Officer Signature